POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 10/682,504 | | |
|----------------------|---|--|--|
| Filing Date | October 8, 2003 | | |
| First Named Inventor | John Strisower | | |
| Title | METHOD, BUSINESS PROCESSES AND APPARATUS FOR REMOTE DATA, IMAGE AND VIDEO COLLECTION, TRANSMISSION AND DISTRIBUTION USING CELLULAR ELECTRONIC SERIAL NUMBER ENABLED DEVICES | | |
| Art Unit | 4115 | | |
| Examiner Name | Bob R. Chumpitaz | | |
| Attorney Docket | 027742-000110US | | |
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| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | | |
|--|--|----------------|-------|---------------------|------------|--|--|--|--|
| A Power of Attorney is submitted herewith. OR | | | | | | | | | |
| I herek Numbe identifi | I hereby appoint Practitioner(s) associated with the following Consumber as my/our attorney(s) or agent(s) to prosecute the approximation of the United State and Trademark Office connected therewith: | | | 20350 | | | | | |
| | I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: | | | | | | | | |
| | Practitioner(s) Name | | | Registration Number | | | | | |
| | | | | | | | | | |
| | I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above. | | | | | | | | |
| Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: | | | | | | | | | |
| OR The address associated with Customer Number: OR | | | | | | | | | |
| Firm or Individual Name | | | | | | | | | |
| Address | | | | | | | | | |
| City | | | State | | Zip | | | | |
| Country Telephone | | | Email | | | | | | |
| I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | |
| Signature / John Strisower / | | | | Date | 10-09-2008 | | | | |
| Name John Strisower | | John Strisower | | Telephone | | | | | |
| Title and Company NOTE: Signatures of all the inventors or assigned of the aptire interest or their representative/s) are required. Submit multiple forms if more than one | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| *Total of forms are submitted. | | | | | | | | | |